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PTO/SB/05 (11-00)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	42390P10675
	First Inventor or Application Identifier	Duncan M Kitchen
	Title	MULTIPLE LINK LAYER WIRELESS ACCESS POINT
	Express Mail Label No.	EL651891444US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification Total Pages
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies), or
 - ii. ☐ Paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
16. <input type="checkbox"/> Request and Certification under 35 USC 122(b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	
17. <input checked="" type="checkbox"/> Other: formal drawings transmittal	

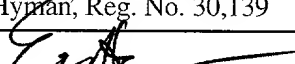
18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application Information: Examiner _____ Group/Art Unit: _____

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number of Bar Code Label		 *08791*		or <input type="checkbox"/> Correspondence address below	
Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
Address	12400 Wilshire Boulevard, Seventh Floor				
City	Los Angeles	State	California	Zip Code	90025
Country	U.S.A.	Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type)	Eric S. Hyman, Reg. No. 30,139		
Signature		Date	8/16/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		Complete if Known													
TOTAL AMOUNT OF PAYMENT (\$) 890.00		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Duncan M Kitchen</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group Art Unit</td><td></td></tr> <tr><td>Attorney Docket Number</td><td>42390P10675</td></tr> </table>		Application Number		Filing Date		First Named Inventor	Duncan M Kitchen	Examiner Name		Group Art Unit		Attorney Docket Number	42390P10675
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<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to.</p> <p>Deposit Account Number: 02-2666</p> <p>Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. 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EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>30</td> <td>-20**</td> <td>= 10</td> <td>X</td> <td>\$18.00</td> <td>=</td> <td>180.00</td> </tr> <tr> <td>Multiple Dependent</td> <td>3</td> <td>-3**</td> <td>= 0</td> <td>X</td> <td>\$80.00</td> <td>=</td> <td>0.00</td> </tr> <tr> <td colspan="5"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Large Entity Small Entity</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple Dependent claim</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$)</td> <td>180.00</td> </tr> </tbody> </table> <p><small>**or number of previously paid, if greater; For Reissues, see above</small></p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	710	201	355	Utility filing fee	\$710	106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1) (\$)					710.00	Total Claims		Extra Claims		Fee from below		Fee Paid		Independent Claims	30	-20**	= 10	X	\$18.00	=	180.00	Multiple Dependent	3	-3**	= 0	X	\$80.00	=	0.00									Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	80	202	40	Independent claims in excess of 3	104	270	204	135	Multiple Dependent claim	109	80	209	40	**Reissue independent claims over original patent	110	18	210	9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$)				180.00	<p>3. 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late filing fee or oath		127	50	227	25	Surcharge - late provisional filing fee or cover sheet		139	130	139	130	Non-English specification		147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		115	110	215	55	Extension for response within first month		116	390	216	195	Extension for response within second month		117	890	217	445	Extension for response within third month		118	1,390	218	695	Extension for response within fourth month		128	1,890	228	945	Extension for response within fifth month		119	310	219	155	Notice of Appeal		120	310	220	155	Filing a brief in support of an appeal		121	270	221	135	Request for oral hearing		138	1,510	138	1,510	Petition to institute a public use proceeding		140	110	240	55	Petition to revive - unavoidably		141	1,240	241	620	Petition to revive - unintentionally		142	1,240	242	620	Utility issue fee (or reissue)		143	440	243	220	Design issue fee		144	600	244	300	Plant issue fee		122	130	122	130	Petitions to the Commissioner		123	50	123	50	Petitions related to provisional applications		126	180	126	180	Submission of Information Disclosure Stmt		581	40	581	40	Recording each patent assignment per property (times number of properties)		146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		179	710	279	355	Request for Continued Examination (RCE)		169	900	169	900	Request for expedited examination of a design application		Other fee (specify) _____						SUBTOTAL (3) (\$)					
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179	710	279	355	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																																												
169	900	169	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																																												
Other fee (specify) _____																																																																																																																																																																																																																																																																																																																
SUBTOTAL (3) (\$)																																																																																																																																																																																																																																																																																																																

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name Eric S. Hyman, Reg. No. 30,139		Signature 		Reg. Number _____	
Signature 		Date 8/1/01		Deposit Account User ID 02-2666	